EMPLOYMENT APPLICATION

QUALIFIED APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, VETERAN STATUS OR DISABILITY:

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER



R-101

Date of Application: 02/28/2012	l en	Recruiter: Amy Gruver	
Name			Social Security No.
LAST	FIRST	MIDDLE	Phone
Present Address How long	al this address?	STATE ZIP	THORE IN THE PROPERTY OF THE P
Previous Address(es) during last		long at this address?	
How long at this address?			
How long at this address?		Water the second	
Date of Birth (required by FMCSI	R 391.21 (2) to verify motor vehicle report)		
In case of emergency notify			manth a grant and
• • •	NAME	ADDRESS	PHONE
Alternate Emergency Phone #	Name	<u> </u>	
Have you applied for work and/or	worked for (his company before?	Yes No When?	
hired, can you present evidence	e of your U.S. Citizenship or proof of your leg	al right to live and work in this country?	Yes No
osition which applying for:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	прини
Are you able to perform the esse	ntial functions and duties of the job as contain	ned in the job description with reasonable ar	ccommodation?
How did you find out about Swift?	P Newspapers D Brochures & Postcard	ls Publications Internet Swift Tra	ansportation Employee
Other	A CONTRACT OF THE PARTY OF THE	Andrew Control of the	
A. Have you ever been denied a	PLE.	ASE READ CAREFULLY r vehicle? Yes No	
If yes, when and why?		- VS. 7	постоя по поставления по поставления по
B. Has any license, permit or priv	ilege been suspended or revoked? Ye	s 🚵 No	•
If yes, when and why?  C. Have you ever been stopped to	while intoxicated? Yes No		
If yes, then when?			ر المراجع ا
D. Have you ever used any illega	l drugs (including marijuana)? Yes	No	
If yes when was the last time?			
E. Have you ever been convicted	for possession of, sale, or use of a narcotic	drug, amphetamine, or a derivative thereof	Tes touch No
California Health and Safety Cod	of a criminal offense?In California, 'crime' st e sections 11357 (b) and (c) and 11360 (c), January 1, 1976, or their stalutory predecess	or in California.Health and Safety Code sect	d offenses that are more than two years old, as defined in tions 11364, 11365, or 11550 of the Health and Safety Code a
Comments:			v disqualify you from employment.) Yes No
G. Do you currently have any crit	ninal actions pending in which you are a defe	endant? (A "yes" answer will not necessarily	r disquality you ποιτί employment.) 🗀 τes-🛂 (No
If yes, explain:	or parole status? (A "yes" answer will not no	cossed v disquality you from employment 1	Yes No
	or pardie status r (A "yes" ariswer will flot fis	seessarily disquarity you nome omploymency	١١٥ يي ١٥٠ يي
If yes, explain;	<u>anno anno easta anno anno anno anno anno anno anno an</u>	100 mm m	
	- monophilos	EDUCATION	
ghest grade completed:	High School Graduate: Yes	No College Graduate: Yes No	Graduate School Graduate: Yes No

Revised 8/01/01

st other specialty training or schools

R-101 Form 1 Revised 8/01/01

	d in the U.S. Armed	Forces? Yes	No	Dates: From	То
ve you serve inch:	a in the U.S. Armet	roices:			V. 1.00 0 0.00
ties	- Charleston in	THE PERSON NAMED IN COLUMN NAM		nipolente militare e e e e e e e e e e e e e e e e e e	
<del></del>		Section 1	EMPLOYMENT RECORD FOR	PAST 10 YEARS	and the second s
applicante m	uet liet all full and r	art-time employment i	ncluding military service, self employment, a	nd periods of unemployment during	preceding 10 years.
OTE: List emp	oloyers in reverse o	rder starting with the n	nost recent. Use an additional sheet if neces	ssary.	
	Mo Day Yr	Mo Day Yr	CURRENT OR MOST	RECENT EMPLOYER	May We Call? 🗌 Yes 🗍 No
rom	•	То			
hone#	Sandaragas and a sandaras and a		Name		
upervisor _			Address		state zip code
ype of Equip	. Driven	's cold bloom	Position Held		
12 1 :	· · · · · · · · · · · · · · · · · · ·		Reason For Leaving		
				and the state of t	
	Mo Day Yr	Mo Day Yr	SECOND PRIOR EMPLO	<b>VER</b>	May We Call? Yes No
rom Ģ		Го <u></u> .	Name		
hone#			Address		The survey of th
upervisor			alco	at. ely	state zip code
ype of Equip	o. Driven		Position Held		
			Reason For Leaving		
unit in			<u> </u>		M - M- O-US Clay - Clay
nom	Mo Day Yr	Mo Day Yr To	THIRD PRIOR EMPLOYE	R	May We Call? Yes No
1 2		· · · · · · · · · · · · · · · · · · ·	Name		
hone#		<u> </u>	Address		reconnection to the second
Supervisor			ske	gj. :city	state zip code
ype of Equip	o. Driven		Position Held		market man Walter and the market man
	· · · · · · · · · · · · · · · · · · ·		Reason For Leaving		
	Mo Day Yr	Mo Day Yr	FOURTH PRIOR EMPLO	/FR	May We Call? Yes No
rom	-	To	Ladrid Constraint	,	,
hone#			Name		
Supervisor		<del></del>	Address	a Sily	siale 2)2 code
ype of Equip	Driver			····.	기가 아이면
Aha ot edoit	J. DEIVOIT		Position Held	Company of the second of the s	A second of the
<del></del>	<del> </del>		Reason For Leaving		The second secon
4	Mo Day Yr	Mo Day Yr	FIFTH PRIOR EMPLOYE		May We Call? 🗌 Yes 🗌 No
гот		To	NI	A STATE OF THE STA	•
hone#		<u></u>	Name Address	T	many a many a
upervisor	.; /feets en		Addless		state zip code
ype of Equip	o. Driven		Position Held		
	· <del></del>	<del></del>	Reason For Leaving		

USE SEPARATE SHEET FOR ADDITIONAL EMPLOYMENT HISTORY

Revised 8/01/01

and the second second second	- 17 1 . <u> 12.</u> 12.	DRIV	ING EXPERIENCE	<u></u>	<u> </u>	<u> </u>
ASS OF EQUIPMENT	TYPE OF FOLIPMENT	VAN-TANK-FLAT-ETC.	PROM DATES	то	APPROX	NO. OF MILES TOTAL
RAIGHT TRUCK	(Tree) zeon men				The section of the same of	0 .
PACTOR AND		<del>-</del> 41			·	0
MI-TRAILER		. 12-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	<u> </u>			- manage description of the second
RACTOR AND NO TRAILERS					·	
THER						0
ICENCE USTALLD	na/cae i icenses usi i	IN PAST FIVE YEARS (N	OTE: A COPY of your valid drivers	license or CDL must	be attached for your s	polication to be considered.)
ICENSE LISTALLU		1100	\$			
STATE	LICENSE	NUMBER	TYPE	ENDORS	EMENTS	EXPIRATION DATE
		1 Toping 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				<del></del>
	one American	<del> </del>		·		
<u> </u>		the state of the s	<u> </u>			
		tion in the second		<u> </u>	·	
					<u>1</u>	
NOVING TRAFFIC	CONVICTIONS LIST	FOR PAST FIVE (5) YEAR	S. IF NONE WRITE NONE.		to the comment	- Commercial Commercial
DATE	LOCATION (STATE)	, C⊦	ARGE		PENAL	ry <u></u>
NONE	n-renserve (PTIN)					· ·
			***************************************			
ACCIDENT RECOR	D IE NONE WRITE NON					
IST ALL INVOLVEMENT WI	D IF NONE WRITE NON	DING PROPERTY DAMAGE FO	IR PAST FIVE YEARS, INCLUDIN	G PREVENTABLE A	ND NON-PREVENTA	ALCHINT OF
IST ALL INVOLVEMENT WI	TH TRUCK AND CAR INCLUI NATURE C	DING PROPERTY DAMAGE FO OF ACCIDENT	IR PAST FIVE YEARS, INCLUDING INDICATE PREVENTABLE OR NON-PREVENTABLE	O PREVENTABLE A	ND NON-PREVENTAL	AMGUNT OF PROPERTY DAMAGE
IST ALL INVOLVEMENT WI TYPE ATE VEHICLE	TH TRUCK AND CAR INCLUI NATURE C	DING PROPERTY DAMAGE FO	INDICATE PREVENTABLE	<i>G PREVENTABLE A</i> FATALITIES	ND NGN-PREVENTA	MONTH OF
IST ALL INVOLVEMENT WI TYPE ATE VEHICLE	TH TRUCK AND CAR INCLUI NATURE C	DING PROPERTY DAMAGE FO OF ACCIDENT	INDICATE PREVENTABLE	O PREVENTABLE A FATALITIES	MD NOW-PREVENTAL INJURIES	MONTH OF
IST ALL INVOLVEMENT WI TYPE ATE VEHICLE	TH TRUCK AND CAR INCLUI NATURE C	DING PROPERTY DAMAGE FO OF ACCIDENT	INDICATE PREVENTABLE	G PREVENTABLE A FATALITIES	MD NON-PREVENTA INJURIES	MONTH OF
IST ALL INVOLVEMENT WI TYPE ATE VEHICLE	TH TRUCK AND CAR INCLUI NATURE C	DING PROPERTY DAMAGE FO OF ACCIDENT	INDICATE PREVENTABLE	O PREVENTABLE A FATALITIES	ND NON-PREVENTA INJURIES	MONTH OF
IST ALL INVOLVEMENT WI TYPE ATE VEHICLE	TH TRUCK AND CAR INCLUI NATURE C	DING PROPERTY DAMAGE FO OF ACCIDENT	INDICATE PREVENTABLE	O PREVENTABLE A FATALITIES	ND NON-PREVENTA INJURIES	MONTH OF
IST ALL INVOLVEMENT WI TYPE ATE VEHICLE	TH TRUCK AND CAR INCLUI NATURE C	DING PROPERTY DAMAGE FO OF ACCIDENT	INDICATE PREVENTABLE	G PREVENTABLE A FATALITIES	ND NON-PREVENTA	MONTH OF
IST ALL INVOLVEMENT WITTPE ATE VEHICLE ONE	TH TRUCK AND CAR INCLUI NATURE C (HEAD ON, REAR	DING PROPERTY DAMAGE FO F ACCIDENT END, UPSET, ETC.)	INDICATE PREVENTABLE OR NON-PREVENTABLE	FAIALITES	INJURIES	PROPERTY DAMAGE
STALLINVOLVEMENT WITTEN	TH TRUCK AND CAR INCLUI NATURE C (HEAD ON, REAR	DING PROPERTY DAMAGE FO F ACCIDENT END, UPSET, ETC.)	INDICATE PREVENTABLE	FAIALITES	INJURIES	PROPERTY DAMAGE
STALL INVOLVEMENT WITTPE ATE VEHICLE ONE STALL STATES:	TH TRUCK AND CAR INCLUT  NATURE C  (HEAD ON, REAR  TES IN WHICH YOU	U HAVE OPERATED	OR NON-PREVENTABLE  A CLASS-A MOTOR V	/EHICLE INT	HE PAST FIVE	PROPERTY DAMAGE
STALL INVOLVEMENT WITTPE TYPE TYPE TYPE TYPE TYPE TYPE TYPE	TH TRUCK AND CAR INCLUI  NATURE C  (HEAD ON, REAR  ATES IN WHICH YOU	U HAVE OPERATED	OR NON-PREVENTABLE  A CLASS-A MOTOR V	/EHICLE INT	HE PAST FIVE	PROPERTY DAMAGE
STALL INVOLVEMENT WITTPE ATE VEHICLE ONE STALL STATES: REFERENCES (PIGE	TH TRUCK AND CAR INCLUT  NATURE C  (HEAD ON, REAR  TES IN WHICH YOU	U HAVE OPERATED	INDICATE PREVENTABLE OR NON-PREVENTABLE	/EHICLE INT	HE PAST FIVE	PROPERTY DAMAGE
IST ALL INVOLVEMENT WITTYPE ATE VEHICLE DINE STALL STALL STATES: REFERENCES (Pie- your con	TH TRUCK AND CAR INCLUI  NATURE C  (HEAD ON, REAR  ATES IN WHICH YOU	U HAVE OPERATED	OR NON-PREVENTABLE  A CLASS-A MOTOR V	/EHICLE INT	HE PAST FIVE	PROPERTY DAMAGE
IST ALL INVOLVEMENT WITTYPE ATE VEHICLE DINE STALL STATES: REFERENCES (Pie- your con	TH TRUCK AND CAR INCLUI  NATURE C  (HEAD ON, REAR  ATES IN WHICH YOU	U HAVE OPERATED	OR NON-PREVENTABLE  A CLASS-A MOTOR V	/EHICLE INT	HE PAST FIVE	PROPERTY DAMAGE
ATE VEHICLE  ONE  STALL STATES:  REFERENCES (PIO	TH TRUCK AND CAR INCLUI  NATURE C  (HEAD ON, REAR  ATES IN WHICH YOU	U HAVE OPERATED	OR NON-PREVENTABLE  A CLASS-A MOTOR V	/EHICLE INT	HE PAST FIVE	PROPERTY DAMAGE
ISTALL INVOLVEMENT WITTPE ATE VEHICLE ONE STALL STATES: REFERENCES (Pie- your con	TH TRUCK AND CAR INCLUI  NATURE C  (HEAD ON, REAR  ATES IN WHICH YOU	U HAVE OPERATED	OR NON-PREVENTABLE  A CLASS-A MOTOR V	/EHICLE INT	HE PAST FIVE	PROPERTY DAMAGE

Revised 8/01/01

### ACKNOWLEDGEMENT

I give Swift Transportation, Inc. (the Company) the right to investigate all references and to secure additional information about me, if job-related, I release from liability the Company and its representatives for sucking such information, and all other persons, corporations or organizations for furnishing such information. A copy of this page serves as my authorization to seek/provide this information. I agree to sign all documents and consent forms which the Company deams necessary to verify the facts provided in this application. I give my consent and release from liability the Company and its representatives, to respond to any inquiries made about me as part of a reference check by any subsequent or potential employer.

From time to time the company may find it necessary to conduct investigations. If it does, employees are expected to truthfully participate and cooperate in such investigations, including submission to searches of property. Failure to do so may subject employees to disciplinary action, which may include termination of employment.

I redize as a condition of employment I will be required to undergo a cost offer/pre-amployment medical examination and substance abuse screening lest at the expense of and as prescribed by the Company, and that any offer of employment is conditioned upon the successful completion of these tests. I agree to furnish such additional information and undergo any other examinations of tests to complete the employment file, or to confinue my employment with the Company, if employed. These tests may include, but are not necessarily finited to random, for cause, reasonable suspicion or post accident alcohol and substance abuse screening tests. Further, Trelegae the Company, its agents or employees from any and all claims or actions arising out in such alcohol and substance abuse tests including, but not limited to, the testing procedures, the analysis or the disclosure of test results.

Lunderstand that any offer of employment is contingent upon my ability to produce documentation verifying my identity and legal authorization to be employed, as required by the immigration Reform & Control Act of 1986 (IRCA).

This application is active for sixty (60) days from the date it is completed, or until the specific position opening for which it was submitted is closed, whichever is earlier Subsequent to the preceding consideration period, I must submit a new application to be considered for this, or any other position.

I understand and agree that any misrepresented, inaccurate, misreading, incomplete or childred information provided by me in this application will be sufficient cause for cancellation of this application and/or separation from the Company's service if employed. Further, I understand that just as Lam free to resign at any time, for any reason, with or without prior notice, the Company reserves the right to terminate my ampletyment at any time, for any reason, with or without prior notice. I understand that no representative of the Company has the authority to make any verbal or written assurances to the contrary. I recognize the employment relationship to be en at will relationship and not for a specific period of time. This application represents the complete and final expression of the intent of the parties and may not be modified except by a writing duty executed by the undersigned and the President of the Company.

Interesty, agree to autimit to briding arbitration at disputes and claims ensing out of the automission of this or formal application. I further agree, in the event that I am offered amployment by the company, as a condition to that employment, all disputes that cannot be resolved by informal internal resolution, which might erise out of my employment with the company, whether during or after that employment, will be submitted by binding orbitration in lieu of any Federal or State investigative, administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the American Arbitration. Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are not office agreements as to dispute resolution, either ord or written.

I have resid carefully the above information, understand and accept the contents thereof. This cartifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature Date

Swift Transportation - App Manager Application

Page 1 of 6





# **Driver Application**

Personal Information

Contact Information	on		
Recruiter:	Select a Recruiter's Name		
Full Name:	First Name	Middle	Last Name
*Address 1:			NA
Address 2:	Via SES Minimum, a figure til programment medletter a destroyer at a figure a figure at a figure at a figure a		
*City:	Managerining career of the first career at the career and the second second second second second second second	*State: Select a stat	te *Zip:
In case of emergency, notify:	A Company of the Comp	A September 1997 Sept	
In case of emergency, Phone:	Caracan disciplina Sept. S. Salar Sa	Relationsh	ip: [
Reference Name:	Julian American September 1981	Transaction of	
Reference Phone:	Martinitation of Martin	Relationsh	ip:
Reference Name:	The support of the second seco	-1	
Reference Phone:	ali da agranta de su sus propies de la composition della compositi	Relationsh	ip:
*Day Phone:	The state of the s	Cell Phone	2. Same and a same and a same a s
Night Phone:	The Control of the Co		
*Email:		*Best time	to call:
*SSN:	□ Date of Bir	th#: Month 🔻 Da	y ₹ Year • Age: Choose ▼
CDL Information			
Do you have a CDI	L? C Yes C No	Drivers License Number:	Charles and all the company of the common of
*Issue State:	Select a state	*Expiration Date:	Month Day Year
Previous Number:	1,55	Previous Issue State:	Select a state
Previous Number:		Previous Issue State:	Select a state
Previous Number:	- Substitution of the Control of the	Previous Issue State:	Select a state
Previous Number:	Landa Maria Ma	Previous Issue State;	Select a state
*Check all that ann	ly to your current CDL:		

Swift Transportation - App	) Manager	Application
----------------------------	-----------	-------------

Page 2 of 6

Class A	Clas	s B	Class C		Hazmat	
Tanker	☐ Dou	ble	Triples			
Can you perform	the duties for the job?	C Yes C No				
Driver Information	on		ž.			
Date Available:	Month Day					
Experience Level	**:					
	hool to get Class A CDL	<b>,⊠</b>				
Check all that app	•	Et au a Britisa Sa	theal Craduata	∏ I have a	TMIC Card	
I need training	9	∏ I am a Driving So			<del></del>	
School name:	<u> 1900 y 25 year 2000 year (1900) ye</u>	Gradua	ation Date; Month	∃ Day	Year	
Education		-	Table Control of the			
What is the higher	est grade you've comple	ted?	April 1 April			
Did you graduate	from college?	Ć Yes	s C No			
Evporience a	nd Preference					
•						
*Total OTR year	s: None		,			
Trailer Type Exp	perience and Preference	ce				
TRAILER TYPE			E	KPERIENCE		
Flatbed				Land		
Van						
Tanker				<u></u>		
Reefer				<u></u>		
Hazmat  Qualcom Opera	tions			C		
•	MONS	•		Ę.		
Dropdeck	1.55.4			Fig. ,		
Employment	History					
[ ] am current	tly employed.		Number of jobs In years	last 10		
Have you ever a	pplied for work and/or w	orked for this compar	y before?		C Yes	C No
Current Employ	rer					
*Employer name :	The state of the s	property (mg, c)	And the second s	Constitution of the Constitution of the	Specificación de la companion	
*Address	Anna de la companya d		Phone			
*City			*State   Select a s	tate 🗷	*Zip	
*Start date	MM ▼ YYYY ▼	*E	nd date MM Y	WY.₹		
*Position held						
Supervisor	and the annual seconds of the second		∏ You ma	ay contact this	s employer	

Swift Transport	ation - App Manager Application			Page 3 of 6
*Reason left	And the state of t			
Vehicle driven	Explorate a section of the content of the improvement of the content of the conte	<del></del>		
Previous Emplo	ver#1			
*Employer	Acta :	and the same same same same same same same sam	The second secon	
name:				
*Address	Acceptation (See Log Comm. Asserting, Acceptation (Acceptation)	Phone		
*City	A segundar that in the contract of the contrac	*State	and any are a special paper of the second se	*Zip
*Start date	MW 3 JAAA 3	End date	MM TYYYY	
*Position held	Land Land Control of the Version of		•	
Supervisor			You may contact this employer	
Reason left	Service and the service and th	<del>-</del> 1		
Vehide driven		end.		
Previous Emplo	yer#2			
Employer name:			Andrew Control of Cont	<del>*</del> ***********************************
Address		Phone	And the second s	
City		State	Select a state	Zlp
Start date	MM	End date	MM YYYY I	
Position held	The second secon			
Supervisor		· · · · · · · · · · · · · · · · · · ·	You may contact this employer	
Reason left	And the first transfer of the first transfer		ř	
Vehicle driven				
Previous Emplo	yer#3			
Employer name;			and a second sec	<del>♥</del> ·
Address		Phone	A constraint of the second	
City		State	Select a state	Zip
Start date	MM YYYY I	End date	MM = YYYY =	
Position held	A Commence of the Commence of			
Supervisor		ij	Tayou may contact this employed	ī
Reason left				
Vehicle driven		طبید ا		
Additional Emp	loyment Information			

STC000103

wift Transportation - App Manager	Application	Page 4 of
		The State of the second section of the second section of the section of the second section of the section of th
and the state of the second se		
Driving History		
Tickets List All Violations, Including Non-Moving Violations, For Past 5 Years. If None, Write None		
Example: State, Date, Location(state), Charge, Operating Commercial or Non- Commercial, Penalty	The state of the s	40 : Yes f
Example: State, Date, Location(state), Charge, Operating Commercial or Non- Commercial, Penalty		Million Schillering on Extension Control of Section 1982
Example: State, Date, Location(state), Charge, Operating Commercial or Non- Commercial, Penalty		delantare de la companya de la compa
Example: State, Date, Location(state), Charge, Operating Commercial or Non- Commercial, Penalty		
Example: State, Date, Location(state), Charge, Operating Commercial or Non- Commercial, Penalty		
Accidents  List All Involvment With Truck And Car Including Property Damage For Past 5 Years. Including Preventable And Non- Preventable.		
Example: Date, Type, Nature Of Accident, Indicate Preventable, Fatalities, Injuries, Amount Of Property Damage, Vehicle (Head On, Rear End, Upset, Ect.) Or Non-Preventable		
Example: Date, Type, Nature Of Accident, Indicate Preventable, Fatalities, Injuries, Amount Of Property Damage, Vehicle (Head On, Rear End, Upset, Ect.) Or Non-Preventable		
Example: Date, Type, Nature Of Accident, Indicate Preventable, Fatalities, Injuries, Amount Of Property Damage, Vehicle (Head On, Rear End, Upset, Ect.) Or Non-Preventable	Company of the state of the sta	N 49 39 5
Example: Date, Type, Nature Of Accident, Indicate Preventable, Fatalities, Injuries, Amount Of Property Damage, Vehicle	The state of the s	

Swift Transportation -	App	Manager	Application
D WILL I LOUZODOI LUCIOZA	7 T D D	111011111	TAPPLITAGE

Page 5 of 6

(Head On, Rear End, Upset, Ect.) Or Non-Preventable							
Example: Date, Type, Nature Of Accident, Indicate Preventable, Fatalities, Injuries, Amount Of Property Damage, Vehicle (Head On, Rear End, Upset, Ect.) Or Non-	Congression on International Comment	er reiken - AAAAA	Marstadas Anda	Azewa Ava .	2000 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	and the same	manage and a
Preventable  Accidents in the Last 5 Years				÷			
	<del></del>						
Number of accidents involved	american of a land which of						
Number of preventable accidents	4 9						
Number of roll-over accidents							
Tickets in the Last 5 Years							
Number of tickets received	Alegeria (18.16						
Number of reckless tickets	a. ee maara, a. a. a.						
Addition Driving History Information							
Criminal Record  If hired, can you present evidence of your to fyour legal right to live and work in this co	J.S. Citizenship or proof suntry?	C Yes	C No	." printegy thing, sprinter	e dan yanga ada apita kepa a salah sal	ann at tau tan taki u	<u></u>
Have you ever been convicted of a felony?		C Yes	C No	If so, wh		<b>.</b>	Year 👻
Have you ever been convicted, or are any of driving while under the influence, possession narcotic drug, amphetamines or derivatives	on, or selling of alcohol, a	Ç Yes	O No	Month	. ⊡ Day	<u>. I</u>	Year 🔁
Have you ever used any illegal drug?		C Yes	C No	Month	. 🔻 Day	/ጟ	Year 💌
Have you ever been convicted of a criminal	l offense?	C Yes	C No				
Have you ever been denied a license, perm a motor vehicle?	nit or privilege to operate	C Yes	O No				
Has any license, permit or privilege ever be revoked?	een suspended or	C Yes	C No			٠	
Have you ever been refused any type of instanting?	surance or been denied	C Yes	C No				
Have you ever tested positive or refused a	test for drugs or alcohol?	C Yes	C No				
Have you ever abandoned your equipment	?	C Yes	Ç No				
Have you ever been stopped while intoxica	ted?	C Yes	○ No				
Are you on probation or parole?		C Yes	C No				
Criminal actions pending in which you are a	a defendant?	C Yes	Ģ No				
** If you answered yes to any of the above,	please explain in the com	ments be	ox belov	w;			

Comments

ift Transportation - App Manager Application	Page 6 of
s certifies that this application was completed by me, and that all entires on it and information on it are true and complete	Section 1 and 1 an
s cerming that his application was completed by the agents of characters that raceive this application to cause to be consistent of the employment purposes, which may include, but is not limited to, any information relating to my observable, but do of living, criminal history, pact work experience, educational background, alcohol or drug lest results, or failure to subtraction about me which may reflect upon my petential for employment gathered from any Individual, organization, entities experienced and the experience of the application of my own free will and high hardle which age concerning any such items of information. I have completed this application of my own free will and high hardle which is not only the experience of the application, the post requires comparing any such items of this investigation, they may obtain consumer eports about you from various consumer report will be their decist carring your employment with these companies and will not know the specific reasons why they may decide not to him matter contained in your consumer report, the companies their solves will tell you. We will also advise you of your right in DAC and your right to dispute the accuracy or completeness of your report. Your consider for these companies to obtain and your right to dispute the accuracy or completeness of your report. Your confer for these companies to obtain a report. Your consider for these companies to obtain the well not to withhold your consent. companies will not consider your application if you withhold your consent.	meral reputation, personal unautanament, milt to an alcohol or drug test, or any other y, agency, or other source which may have as of all liability all dompanies, agents and lies to investigate your employment encies including USIS(DAC) and PSP ion alone. DAC does not make any decision you, in the event you are not hitech based or to other his encircles including the source of the consumer report.
have read and agree to the above release and I give permission to obtain consumer of Yes C No	reports about me from DAC.
A STATE OF THE PROPERTY OF THE	
Click and hold your left mouse button to sign at the X belouse the clear button to reset your signature and try again.	Ar.,
	and the second of the second o
Y	
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	clear
Submit Application Cencel	ng tuning palah diging ngang nganggaran ana mananak di diana sa kilimak di Parlamban di Ada 1990 1990 1997 (1
Secured.	



YOU ARE HEREBY NOTIFIED THAT THE INFORMATION YOU PROVIDE IN THIS APPLICATION MAY BE USED, AND YOUR PREVIOUS EMPLOYERS WILL BE CONTACTED, FOR THE PURPOSE OF INVESTIGATING YOUR SAFETY PERFORMANCE HISTORY INFORMATION AS REQUIRED BY PARAGRAPHS (d) AND (e) of § 391.23.\*

## YOUR RIGHTS REGARDING CERTAIN INVESTIGATIVE INFORMATION

Pursuant to 49 C.F.R. § 391.23(i)(1), all drivers with DOT regulated employment during the preceding three years from the date of this application have the following rights regarding the investigative information that is provided to Swift as required by 49 C.F.R. § 391.23 (d) and (e).

- The right to review information provided by previous employers; 1.
- The right to have errors in the information corrected by the previous employer and for the previous employer 2. to re-send the corrected information to the prospective employer; and
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer 3. and the driver cannot agree on the accuracy of the information.
- The Federal Motor Carrier Safety Regulations ("FMCSR's") require Swift to obtain the following information on your application for employment:
  - The name(s) and addresse(s) of your employer(s) during the 10 years preceding the date of the application;

The dates you were employed by the previous employer(s); 2.

The reason for leaving the employ of your previous employer(s); 3.

Whether you were subject to the FMCSR's while employed by your previous employer(s); and

4. Whether your job was designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as set forth by 49 C.F.R. part 40.

Swift is also required by 49 C.F.R. § 39 1.23 (d) to investigate the following information from your previous employer(s) if you were employed to operate a commercial motor vehicle:

General driver identification and employment verification information; 1.

The data elements as specified in 49 C.F.R. § 390.15 (b)(1) for accidents involving you that occurred in a three 2. year period preceding the date of your employment application;

Any accidents defined by 49 C.F.R. § 390.15; and 3.

Any accidents the previous employer may wish to provide that are retained pursuant to 40 C.F.R. § 4. 390.15(b)(2) or pursuant to the employer's internal policy for retaining more detailed minor accident information.

Additionally, 49 C.F.R. § 391.23(e) provides that Swift must investigate the following information from all previous DOT regulated employers that employed you in a safety sensitive function that required alcohol and control substance testing specified in 49 C.F.R. part 40:

Whether within the previous 10 years you have violated the alcohol and control substances prohibitions under

49 C.F.R. § 382

Whether you failed to undertake or complete a rehabilitation program prescribed by a substance abuse 2.

professional; and

R-101

- If you successfully completed a substance abuse professional's rehabilitation referral and remained in the 3. employ of the referring employer, information on whether you had the following tested violations subsequent to the completion of the referral:
  - Alcohol tests with a result of 0.04 or higher alcohol concentration; Ĺ.

Verified positive drug tests; and ii.

Refusals to be tested (including verified adulterated or substituted drug test results). iii.

Swift must provide your previous employer with your written consent to release the information on paragraph (e). If you refuse to provide this written consent, Swift cannot permit you to operate a commercial motor vehicle.

STC000107

Revised 03/07